

# Harford County Department of Parks & Recreation-Therapeutic Services

## SOCIAL SKILLS SPRING SESSION 2013

Support and strengthen your child's social proficiency in a group setting designed to offer personal strategies for skill-building techniques. We will be focusing on topics such as *SELF PERCEPTION, TEAMWORK, COPING SKILLS, FRIENDSHIPS, HONESTY & TACTFULNESS, COMMUNICATION SKILLS* and *BULLYING*. The students will have more chances to practice these skills in pairs, small and large group settings.

*Space is limited  
so register early!*

Program Location: Veronica Chenoweth Activity Center  
1707 Fallston Road, Fallston, MD 21047

Dates: Tuesday's and Thursday's beginning February 26 & 28 (Time by age group below)

Open House for Teachers & Parents on Tuesday, February 5, 2013.

Fee: \$200.00

Select Group & Day below:

- |  |                               |                                     |                                   |
|--|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> <u>Elementary Group:</u>    | Ages 5-10, Time: 5:30-6:30pm  | <input type="checkbox"/> Tuesday or | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> <u>Middle School Group:</u> | Ages 11-15, Time: 6:45-7:45pm | <input type="checkbox"/> Tuesday or | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> <u>High School Group:</u>   | Ages 16-21, Time 8:00-9:00pm  | <input type="checkbox"/> Tuesday or | <input type="checkbox"/> Thursday |

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

My payment for the 2013 Spring Session is enclosed. Make checks payable to HARFORD COUNTY MD. Mail to "Social Skills", Harford County Dept. of Parks & Recreation, 702 N. Tollgate Rd. Bel Air, MD 21014 Please do not mail cash!

**UNDER NO CIRCUMSTANCES WILL AGGRESSIVE BEHAVIOR TOWARDS CHILDREN OR ADULTS BE TOLERATED.** Such behavior will result in expulsion from the remainder of the program. If I am contacted concerning my child's aggressive behavior, I understand that I will be expected to pick my child up immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I hereby permit my child, named above, to participate in the Social Skills Program. I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages against Harford County MD, a body corporate and politic of the State of Maryland, their agents, facilitators and sponsors, for any and all liability claims judgments for damages arising as a result of any course or activity conducted by the facilitators and/or staff.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Questions: Call Kelly Riale 443-655-6625 or email: [kelly.riale@gmail.com](mailto:kelly.riale@gmail.com) or  
Mike Watkins 410-638-4899 or email: [mdwatkins@harfordcountymd.gov](mailto:mdwatkins@harfordcountymd.gov)

David R. Craig, Harford County Executive  
"Preserving Harford's Past ~ Protecting Harford's Future"